



# Individualized Learning Plan (ILP)

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# Disclosure

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Varsha:

No financial conflict

Sandi:

No financial conflict

I work part-time teaching RCC skills with the Academy for Communication in Healthcare



# Goals

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- Learn how to create an effective ILP for residents
- Envision where this could work in your program



# Objectives

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1. Discuss the theory background for the ILP design
2. List the components of an individualized learning plan (ILP)
3. Create a resident ILP
4. Compare and contrast coaching approaches for different levels of learners



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How do you use ILPs  
in your own program?



# Residency Requirements

Residency Programs	ACGME – ILP requirement	Recurrence	Milestone
FM	Yes	Annual	PBLI-2, Prof-3
IM	Yes	–	PBLI-2, Prof-4
TY	Yes	–	PBLI-2, Prof-3
OB/GYN	Yes	–	PBLI-2, Prof-4
Pediatrics	Yes	Annual	PBLI-2, Prof-4
Surgery	Yes	-	PBLI-2, Prof-2/4

# What is an ILP?

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- **Definition** = Individualized learning plan
- **Origins** = An adaptation from *learning contracts* described from adult learning theory
- **Educational Construct** = It is a mini-curriculum for self
- **QI Construct** = Its a PDSA cycle for *self*-improvement



# Adult Learning Theory:

## Knowles 1960s -Introducing Andragogy

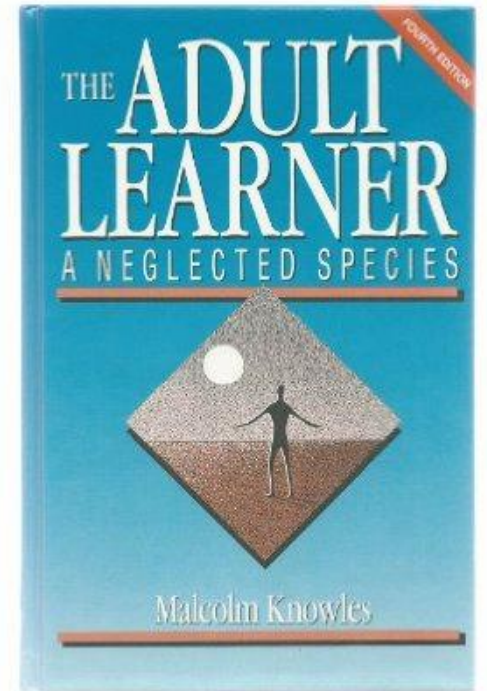
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### Pedagogy

- “the art and science of teaching children”

### Andragogy

- the art and science of teaching adults



Knowles, Malcolm. *The Adult Learner: A Neglected Species*. 4<sup>th</sup> Ed. Gulf Publishing CO. Houston, TX, 1990.



# The Andragogical Model -Six Assumptions

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Need to know  
WHY?

Prefer  
Autonomy

Has unique  
Life  
Experience

Ready to learn:  
A real-life  
situation

Orientation :  
Problem-  
centered

Motivation:  
Intrinsically  
motivated

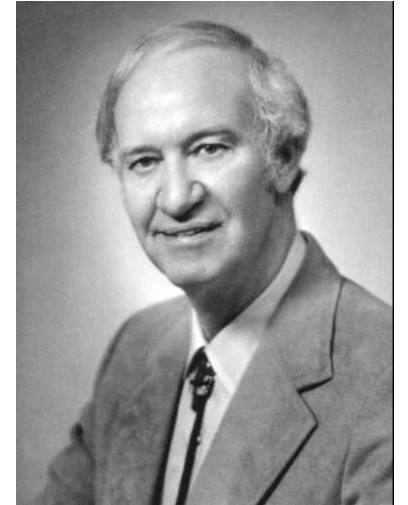


Knowles, Malcolm. The Adult Learner: A Neglected Species. 4<sup>th</sup> Ed. Gulf Publishing CO. Houston, TX, 1990.

# Learning Contracts

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*“Without question the single most potent tool I have come across in my more than half a century of experience with adult education is contract learning.”*



Knowles, Malcolm. *The Adult Learner: A Neglected Species*. 4<sup>th</sup> Ed. Gulf Publishing CO. Houston, TX, 1990, p.139.

# Components of Learning Contracts

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- 1) Diagnose your learning needs
- 2) Define your learning objectives
- 3) Define your resources/tools/strategies
- 4) Specify your evidence of accomplishment
- 5) Specify how the evidence will be validated
- 6) Review with a consultant/mentor
- 7) Carry out the contract
- 8) Evaluate your learning

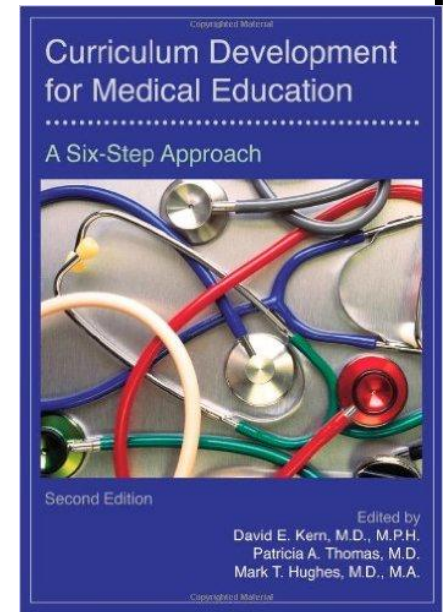
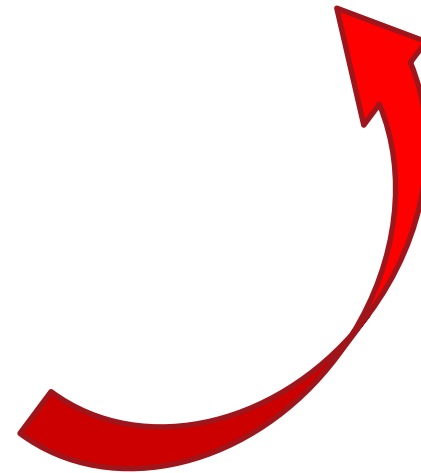


**Knowles, Malcolm. The Adult Learner: A Neglected Species. 4<sup>th</sup> Ed. Gulf Publishing CO. Houston, TX, 1990.**

# Curriculum Design

Kern and Thomas' Six Steps:

- 1) Problem identification/needs assessment
- 2) Targeted needs assessment
- 3) Goals and objectives
- 4) Educational strategies
- 5) Implementation
- 6) Evaluation & Feedback

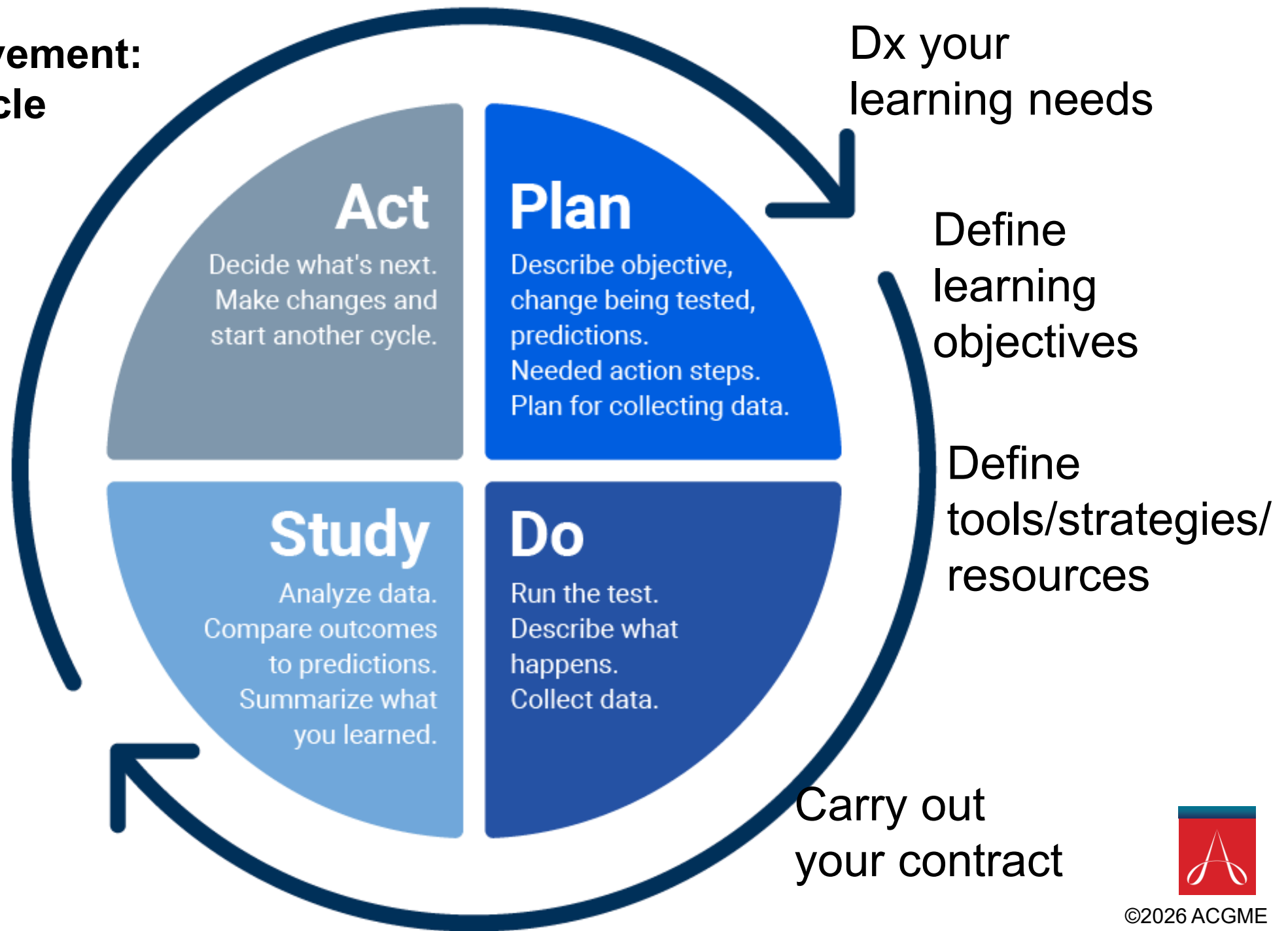


**Kern DE, et al: Curriculum Development for Medical Education – A Six-Step Approach.  
Baltimore: The Johns Hopkins Univ. Press. 1998**

# Quality Improvement: PDSA Cycle

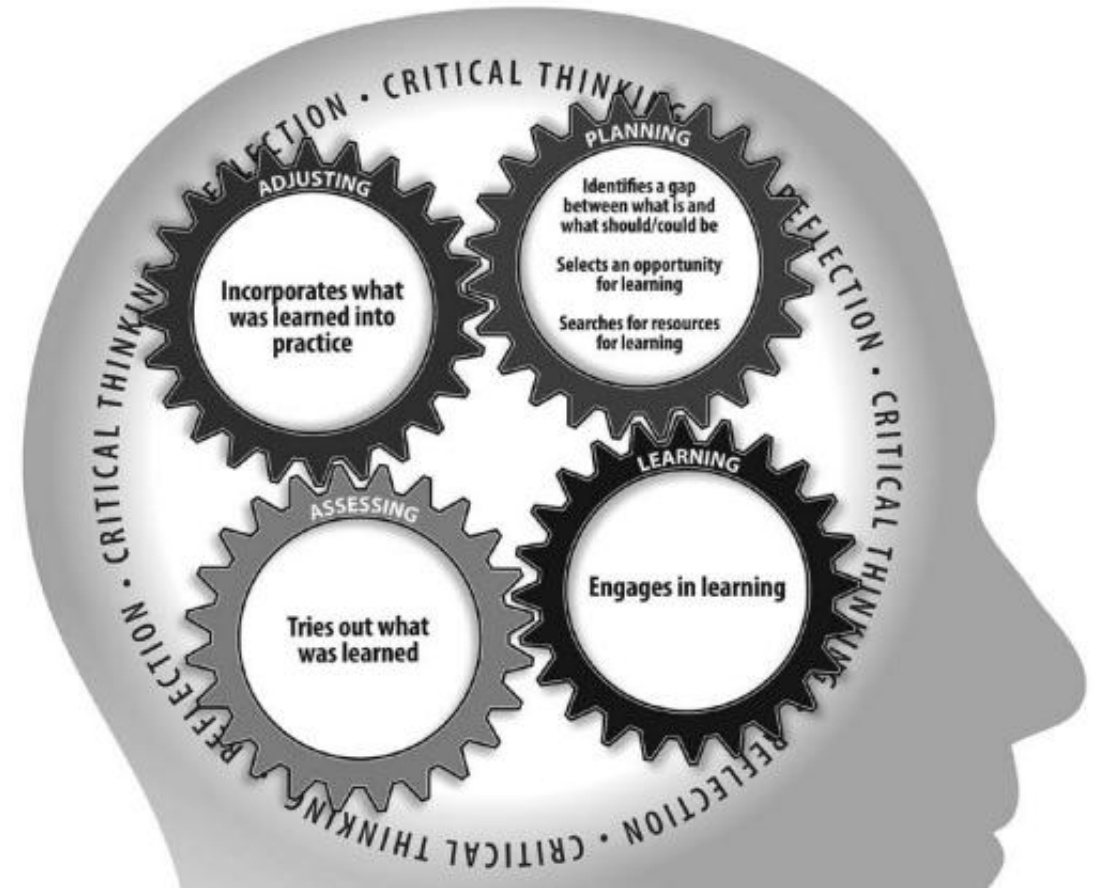
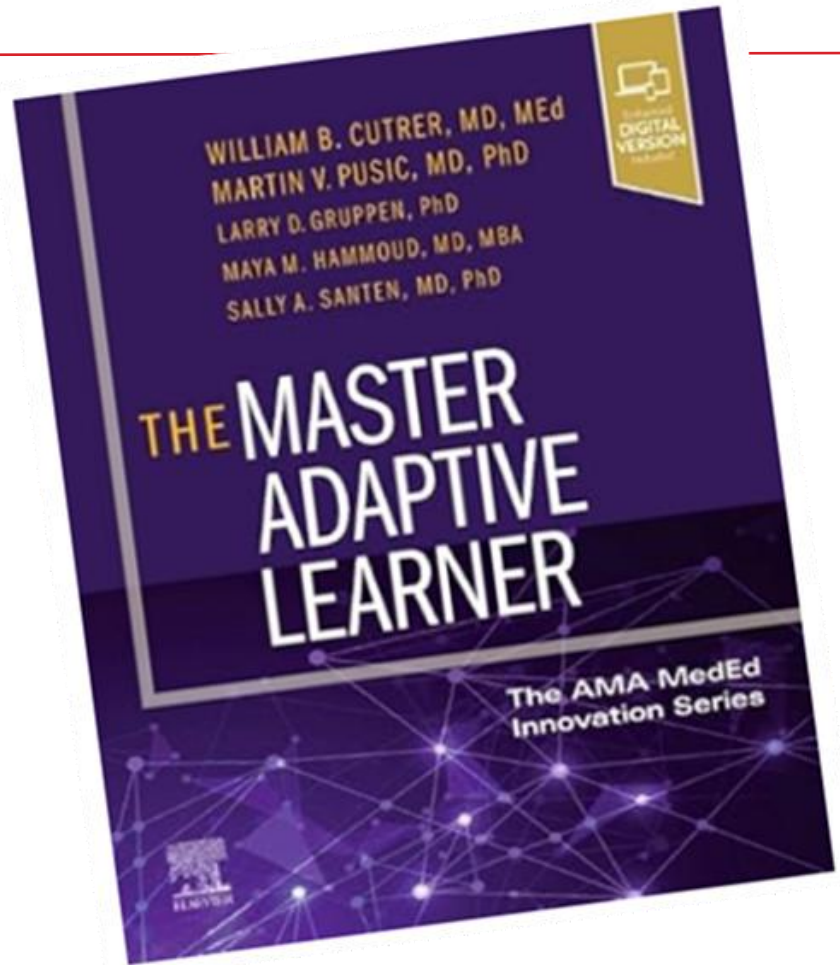
Decide what's  
next/  
Do it again

Evaluate  
your learning





# Master Adaptive Learner



Cutrer W, Miller B, Pusic M, et al.. Fostering the Development of Master Adaptive Learners: A Conceptual Model to Guide Skill Acquisition in Medical Education. Academic Medicine. 2017; 92



# Master Adaptive Learner

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- Adaptive expertise requires
  - An openness to reflecting on practice
  - Meta-reasoning skills to recognize that routine expertise schema stored in long-term memory will not work
  - Critical thinking to challenge current assumptions and beliefs
  - The ability to reconstruct the problem space



Cutrer W, Miller B, Pusic M, et al.. Fostering the Development of Master Adaptive Learners: A Conceptual Model to Guide Skill Acquisition in Medical Education. Academic Medicine. 2017; 92 (1): 50-55



## Remediation Plan

- Responds to deficiency
- Only for some learners
- Limited to training requirements
- Focused only on gaps

## Both

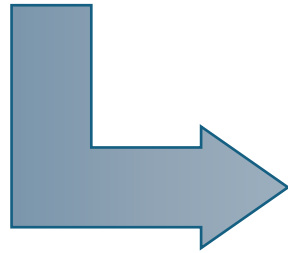
- Outlines ways to improve
- Uses concrete benchmarks of achievement

## Learning Plan

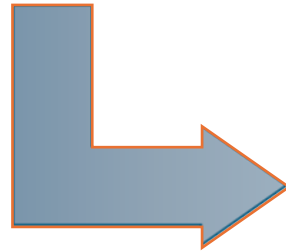
- Prevents a deficiency
- Helpful for all learners
- Recognizes personal learning styles
- Focused on end goals, skills for future practice

# ILP Pathway

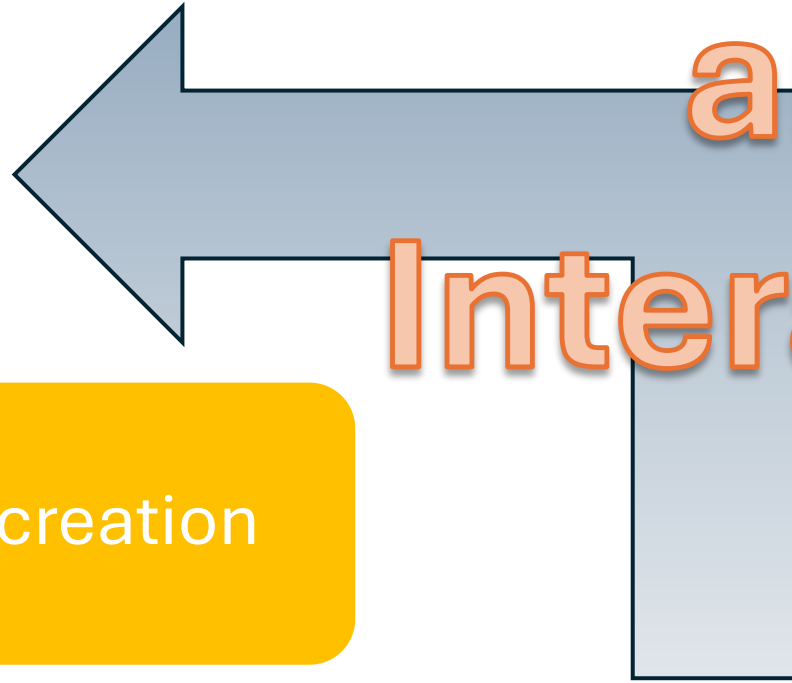
Resident Reflection



Goal creation



Iterative  
and  
Interactive



Coaching

# Step 1

## Define career goals

### Start with the end in mind...

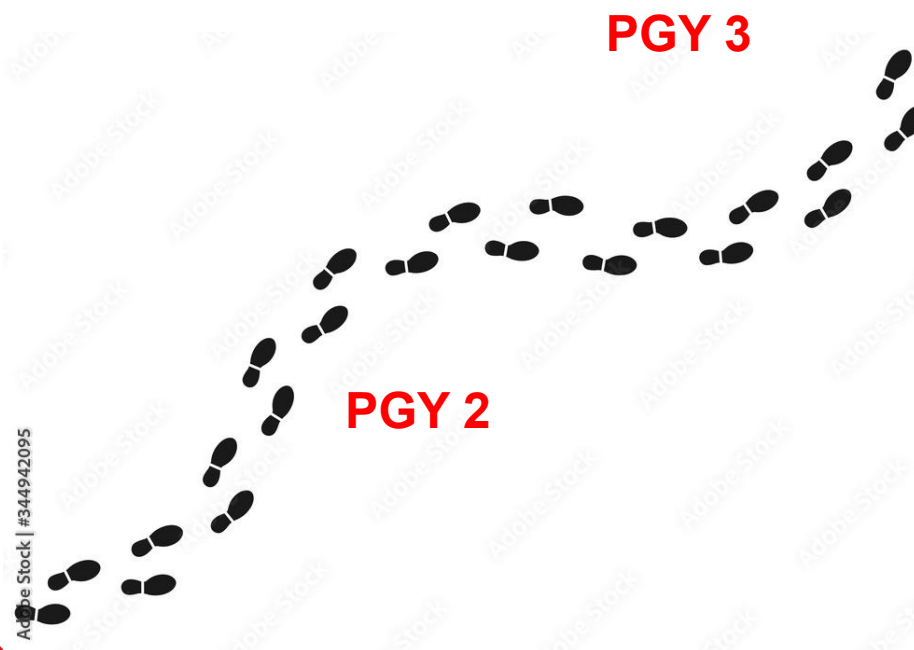


What is your  
ideal  
career?

What skills  
do you need  
to have?



**YOU ARE HERE**  
**PGY 1**



**PGY 3**

**PGY 2**

## Identify Professional Goals

- Long term 3-5 yrs
- Short term 6-12 mos





# Four Step ILP

## Step 1 -

Define the Gap: Goals vs. Current State

## Step 2 –

Create learning objectives

## Step 3 –

Define tools/strategies/resources

## Step 4 –

Evaluate learning

***Based on the American Academy of Pediatrics (AAP)  
Pedialink Web based ILP tool. Available online at***

***[www.pedialink.org](http://www.pedialink.org)***



# Case

Sandra's **long-term goal** is to provide inpatient care in a community hospital setting. She is a rising second-year and in preparation of her ILP, she reflects on her PGY-1 year and thinks she has done well. She is looking forward to being a senior on her inpatient rotation, to build confidence for independent practice. Her **short-term goal** is to do well in inpatient rotation and pass the board exam. She identifies an area of opportunity in her medical knowledge, specifically in cardiology, based on her last ITE score.

# Step 1 A/B:

## Define the Gap – Goals vs Current State



<https://thepetshow.com/building-your-cats-self-confidence/>



# **STEP 1A – Define the gaps–Where are they now?**

## ***What data do you have about their skills?***

- Milestones
- Self assessment
- ITEs
- Rotation evaluations
- 360s- nursing, patients, peers
- OSCEs
- Sim lab
- E-mail
- Morning reports
- QI projects
- Research
- Procedure logs
- Teaching skills
- Self-reflection





# Data Review

## Early PGY2 in Medicine – Typical Resident

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**CCC global assessment** - Overall doing well

**Inpatient rotation eval** - Right on track for early PGY-2, good fund of knowledge

**ITE score** - 50%ile nationally, except cardiology at 10%ile

**Peer 360 evals** - Generally good, team player, positive attitude, good work ethic, some concerns for lack of confidence leading a team and some difficulty with organizational skills leading to long rounds

**Nursing 360 from clinic** – great resident, great personality, gets works done, pleasant to work with, great with patients

**Continuity clinic preceptor** – Great rapport with patients, great work ethic, positive attitude, slow in clinic. Did one direct obs in clinic - difficulty with agenda setting and a return patient took an hour. Stays late every week in clinic.

**Patient 360** - No complaints, all would recommend to a friend, one wrote a narrative about how much time this resident spent with pt and her family with a significant concern – they felt really heard

**QI/Research Mentor** - Proactive, eager, project is at data collection stage, plan for poster presentation at upcoming conference.





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# Step 1B Self-reflection–Where are they now?

Skills	Recall then describe situations that demonstrate the ways in which you <u>excel</u> at these skills	Recall then describe situations that demonstrate where you have <u>opportunities for growth</u> in these skills.
<b><u>Patient Care</u></b> <ul style="list-style-type: none"> <li>• Ac. illness</li> <li>• Chr. illness</li> <li>• Health promotion/wellness</li> <li>• Undifferentiated diagnosis</li> <li>• Procedural care</li> </ul>	<ul style="list-style-type: none"> <li>• <i>I build rapport quickly with patients and families – a struggling family on the CHF service, I helped build trust and facilitated a challenging discharge plan</i></li> <li>• <i>I have been working on inpt team leadership skills - last month on gen med the interns felt supported and said I let them lead round and helped them be prepared</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Efficiency in clinic – I don't know how to limit patients who are chatty and my visits are too long</i></li> </ul>
<b><u>Medical Knowledge</u></b> <ul style="list-style-type: none"> <li>• Patho-physiology</li> <li>• Critical thinking/decision making</li> </ul>	<ul style="list-style-type: none"> <li>• <i>I create good complete differentials</i></li> <li>• <i>Overall, feel like I know what I know and know what I don't know – and I have gotten that feedback from my clinic attending</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Cardiology knowledge base for sure! I know you have seen my ITE score!</i></li> </ul>



# Step 1B Self-reflection–Where are they now?

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# Can you define the gap here?



# Accuracy of self-reflection

## Data Review

- ITE - cardiology at 10%ile
- Lack of confidence leading a team / organizational skills leading to long rounds
- Time management - difficulty with agenda setting

## Self Reflection

- Build rapport quickly
- Working on leadership skills to manage leadership skills
- Create good complete differentials
- Knows own limitation
- Time management - visits are too long
- Improve cardiology knowledge base

# Step 2-4 - ILP Worksheet - Example

Learning Objectives	Tools/Strategies/Resources	Evaluate	Assessment of Progress: Date:

## Step 2

### Create 2-3 Learning Objectives (make them SMART)

**SMART!**

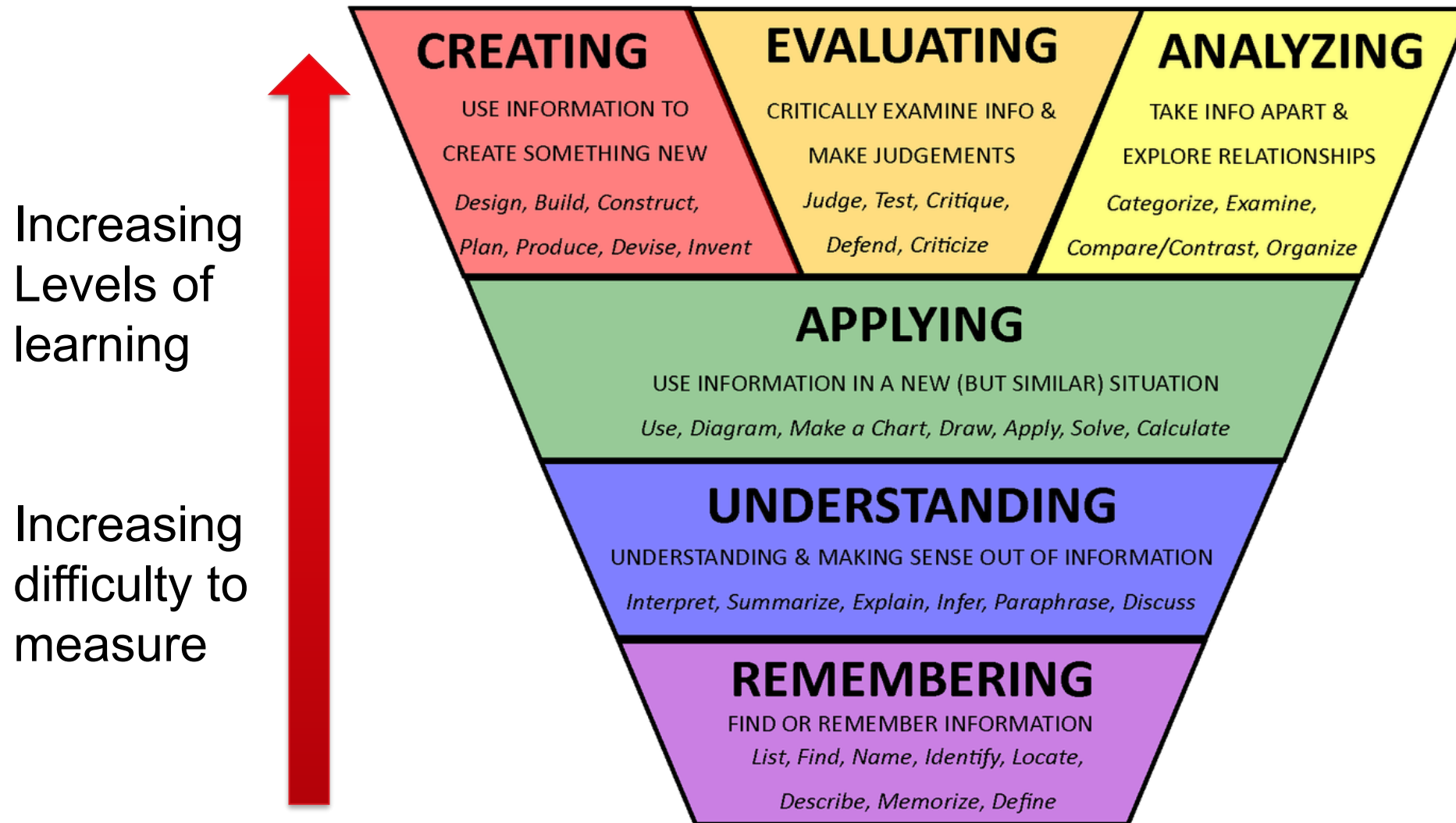
- Specific
- Measurable
- Achievable
- Realistic
- Time-bound

Framework for writing  
SMART objectives:

- Who
- will do
- how much
- of what
- by when?



# Bloom's Taxonomy of Cognitive Domain





# Step 2 - ILP Worksheet - Example

Learning Objectives	Tools/Strategies/Resources	Evaluate	Assessment of Progress: Date:
1) By next clinic block, I will practice agenda setting, and complete 50% of my clinic visits in the allotted time for that visit.			
2) Over the next 6 months, I will improve my cardiology knowledge base to score over the 50%ile on the medicine ITE next August.			
3) During my next inpatient rotation, I will lead the rounds as senior every day			

# Step 3 – Strategies/Tools/Resources

Rosh Review EM Scholar Monthly Question



ACP | MKSAP 19

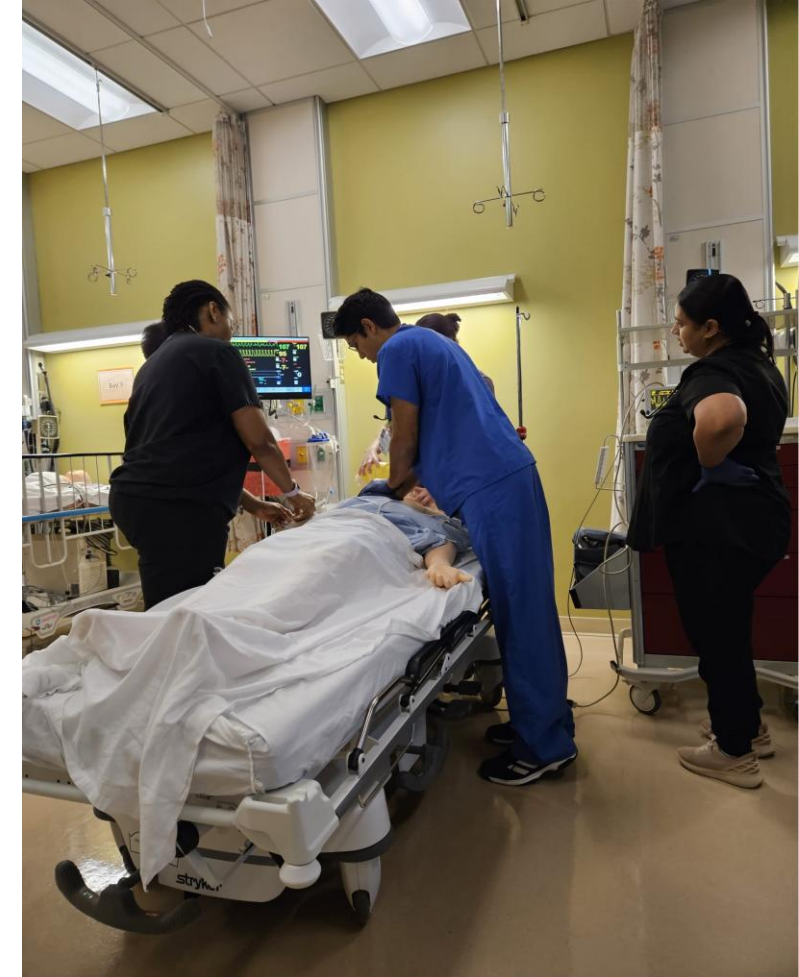
QUESTION  
OF THE WEEK

# Step 3 - ILP Worksheet - Example

Learning Objectives	Tools/Strategies/Resources	Evaluate	Assessment of Progress: Date:
1) By next clinic block, I will practice agenda setting, and complete 50% of my clinic visits in the allotted time for that visit.	<ul style="list-style-type: none"><li>• <i>Review agenda setting literature (ACGME)</i></li><li>• <i>Ask a trusted preceptor to directly observe my agenda setting</i></li></ul>		
2) Over the next 6 months, I will improve my cardiology knowledge base to score over the 50%ile on the medicine ITE next August.	<ul style="list-style-type: none"><li>• <i>Complete all board review cardiology questions</i></li><li>• <i>Adjust elective this year to cards</i></li><li>• <i>Read one review article about cards each week</i></li></ul>		
3) During my next inpatient rotation, I will lead the rounds as senior every day	<ul style="list-style-type: none"><li>• <i>Inpatient team expectation</i></li><li>• <i>ROSH review questions for inpatient care</i></li></ul>		



# Step 4 – Evaluate Their Learning



# Step 4 - ILP Worksheet - Example

Learning Objectives	Tools/Strategies/Resources	Evaluate	Assessment of Progress: Date:
1) By next clinic block, I will practice agenda setting, and complete 50% of my clinic visits in the allotted time for that visit.	<ul style="list-style-type: none"> <li><i>Review agenda setting literature</i></li> <li><i>Ask a trusted preceptor to directly observe my agenda setting</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Track clinic cycle times</i></li> <li><i>Review evals with PD at semi-annual</i></li> </ul>	
2) Over the next 6 months, I will improve my cardiology knowledge base to score over the 50%ile on the medicine ITE next August.	<ul style="list-style-type: none"> <li><i>Complete all board review cardiology questions</i></li> <li><i>Adjust elective this year to cards</i></li> <li><i>Read one review article about cards each week</i></li> </ul>	<ul style="list-style-type: none"> <li><i>ITE score</i></li> <li><i>Review with PD/Advisor at semi-annual</i></li> </ul>	
3) During my next inpatient rotation, I will lead the rounds as senior every day	<ul style="list-style-type: none"> <li><i>Inpatient team expectation</i></li> <li><i>ROSH review questions for inpatient care</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Meet with inpatient faculty prior to rotation</i></li> <li><i>Seek timely feedback</i></li> </ul>	

# Practice Time! (10 min)

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## Individual work first (5 min)

- Pretend you are the resident in the scenario
- Review the long and short terms goals
- Write 2-3 learning objectives (as the resident might)

## Dyads (5 min)

- Are your learning objectives SMART
- How might you change them?
- Are they appropriate content?
- What might you coach the resident to add/change?



# Debrief

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What was that exercise like?

Could this be useful for your faculty?

How might you use this going forward?



# Closing Summary

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Hopefully now you can:

1. Discuss the theory background for the ILP
2. List the components of an ILP
3. Create a resident ILP
4. Compare and contrast coaching approaches for different levels of learners





## **Further Reading:**

Knowles, Malcolm. *The Adult Learner: A Neglected Species*. 4<sup>th</sup> Ed. Gulf Publishing CO. Houston, TX, 1990.

Deci EL and Ryan RM. Self-determination Theory: When Mind Mediates Behavior. *The Journal of Mind and Behavior*. 1980; Vol.1, No. 1.

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Kiger ME, Riley C, Burke A, et. al. Use of Individualized Learning Plans to Facilitate Feedback Among Medical Students. *Teaching and Learning in Medicine*. 2020; Vol. 32, Iss. 4.

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Srinivathan M, Braddock C, Skeff K, et.al. “Teaching as a Competency”: Competencies for Medical Educators. *Acad Med*, Vol 86, No. 10 / Oct 2011.

American Academy of Pediatrics (AAP). *Individualized Learning Plans*. Based on the America Academy of Pediatrics (AAP) Pedialink Web based ILP tool. Available online at [www.pedialink.org](http://www.pedialink.org).

Kern DE, Thomas P, et al: Curriculum Development for Medical Education – A Six-Step Approach. Baltimore, MD: The Johns Hopkins Univ. Press. 1998